

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, Highbury House, The Litchdon Medical Centre, Landkey Road, BARNSTAPLE, Devon, EX32 9LL

**Pharmacy reference:** 1030668

**Type of pharmacy:** Community

**Date of inspection:** 17/06/2019

## Pharmacy context

The pharmacy is located next to a medical practice on the outskirts of Barnstaple. The pharmacy dispenses NHS and private prescriptions. It also supplies multi-compartment compliance aids for people to use in their own homes and in care homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, a minor ailments scheme and supplies emergency hormonal contraception.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	The pharmacy does not always have enough staff to dispense all the prescriptions it receives in a timely way. Pharmacy team members struggle to keep up with the workload. This means that prescriptions are not always ready when people come to collect them.
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The work areas of the pharmacy have little bench space and are cluttered. This increases the risk of errors.
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally identifies and manages risk appropriately. Team members record their errors and review them. They learn from their mistakes and make changes to stop them from happening again. But the pharmacy team sometimes struggle to dispense the number of prescriptions they receive. This may increase the risk of them making errors. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and generally acts suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy keeps the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had appropriate processes in place to identify and manage risks. Near misses were recorded on a paper log by the person who had made the error. Entries contained a reflection on the cause and the actions taken to prevent a reoccurrence. Following near misses, amitriptyline had been separated from amlodipine on the shelves and placed in drawers. Staff had also been reminded to ensure split packs were marked on each side to prevent quantity errors.

Dispensing incidents were recorded on the pharmacy incident management system and were sent to the company's head office. They were reviewed by staff in the pharmacy and the cluster manager. A root cause analysis was also completed along with a reflective statement. An incident involving the handout of a schedule 4 controlled drug before the prescribed date had prompted a review of how these prescriptions were managed. They were all now labelled as post-dated and filed in a separate location. A further incident where the incorrect drug had been selected had led to the drugs being separated and shelf edge alerts being used.

A 'Safer Care' review was completed monthly and included an analysis of the type of errors that had most commonly occurred, and the timings of the errors. Further reviews were completed by a dispenser. The 'Safer Care' review was shared with members of the team through individual briefings and through a written document which was signed by the team member when they had read it. Key actions were also added to the 'Safer Care' notice board. A risk review had been completed in January 2019.

The pharmacy received daily communication from head office through the 'Daily Dose' document. They also received a services and standards newsletter which identified companywide issues.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the regular responsible pharmacist (RP). Competence and understating of the SOPs was assessed by a verbal quiz and a record kept. The SOPs were signed by the appropriate staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

The dispenser manager described how, before implementing a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local

population. She would review staffing levels to ensure provision of the service could be maintained and would check that staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. 71% of respondents rated the pharmacy as very good or excellent overall. A complaints procedure was in place and was displayed in the customer charter leaflet. The manager described that complaints were frequently received about the waiting times for prescriptions. These were both verbal and written complaints. She felt that she did not have enough staff to ensure all prescriptions were dispensed promptly. The pharmacy was currently five days behind the scheduled dispensing activity. She was working with the cluster manager to resolve the staffing issues, described further in principle 2.

Adequate professional indemnity insurance was provided by the NPA. Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were completed weekly and a random stock balance check was found to be accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were made in a book and were in order. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All staff had completed training on information governance and the General Data Protection Regulation and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed, and a record of access was kept on a log.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training, and the remaining staff completed yearly safeguarding training on the company 'MyLearn' system. A safeguarding policy was in place and signed by staff and local contacts for escalation of concerns were displayed.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not always have enough staff to dispense all the prescriptions it receives in a timely way. Pharmacy team members struggle to keep up with the workload. This means that prescriptions are not always ready when people come to collect them. Team members are trained appropriately for their roles and they keep their skills and knowledge up to date. Team members suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

At the start of the inspection, the staffing consisted of the RP, who was a relief pharmacist, a pharmacy technician, an NVQ2 trained dispenser, who was the branch manager, and a trainee NVQ2 dispenser. The staff did not appear to be coping with the workload. Dispensing activity was five days behind schedule, meaning that prescriptions were often not ready when people arrived to collect them. There were long queues of customers during the inspection and staff were finding it difficult to locate prescriptions. Staff reported that they routinely struggled with the workload and felt a lot of pressure. The manager said that she received verbal complaints about the service on a daily basis.

The inspector contacted the cluster manager, a pharmacist working in another branch, who arranged to send additional support staff to the branch. An NVQ2 level dispenser arrived shortly afterwards. He confirmed that an additional pharmacist was planned in to support the following day, and that further support would be provided later in the week.

Staff completed training packages on the company e-Learning system, MyLearn. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of staff. The trainee dispenser was observed providing appropriate advice when selling medicines over the counter and referred to the RP when unsure.

Staff were set yearly development plans. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The staff felt empowered to raise concerns and give feedback to the branch manager, who they found to be receptive to ideas and suggestions. The manager reported that she was in regular contact with the cluster manager. The manager felt able to make changes to processes as she saw fit.

Staff were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP and the manager said that there was some pressure to meet targets, such as medicines use reviews. But both said that despite the pressure, all services undertaken were clinically appropriate.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy generally provides a professional environment for people to receive healthcare. But the work areas of the pharmacy have little bench space and are cluttered. This increases the risk of errors.

### Inspector's evidence

The pharmacy was located on the outskirts of Barnstaple, adjacent to a GP practice. A small retail space with a waiting area led to the healthcare counter and dispensary. There was no staff room or lavatory dedicated for staff to use. Staff were able to access the facilities of the attached NHS dermatology outpatient's department.

The small retail area doglegged around the entrance. This layout meant that waiting customers gathered around the door, and some waited outside due to a lack of space. Conversations could be easily overheard at the counter. Staff reported that they frequently promoted the use of the soundproofed consultation room.

A large consultation room was available which presented a professional image and had health-related posters and information displayed. The room was not locked when not in use. No confidential information was stored in the consultation room.

The dispensary was large but had very limited bench space. This was worsened by the volume of dispensed prescriptions in baskets awaiting a check. They were stacked on the benches, on the windowsills, and on shelves. Some baskets were stacked six high which posed a risk of the transfer of medicines between them. The environment was generally cluttered.

The dispensary stock was well organised and tidy. Most of stock was stored in pull-out drawers. Fast moving lines, larger items, creams and liquids were stored on shelves. Prescriptions awaiting collection were stored in a retrieval system.

Cleaning was undertaken each day by dispensary staff and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The pharmacy appeared to be well maintained. The lighting and temperature were appropriate for the storage and preparation of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. And it makes a record of this advice to demonstrate the appropriate checks and counselling have been given. The pharmacy obtains its medicines from reputable suppliers. They are stored securely and regularly checked that they are still suitable for supply. The pharmacy deals with medicines returned by people. But it does not always remove people's personal information from the medicines when disposing of them which may lead to breaches of confidentiality.

### Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. Services provided by the pharmacy were clearly advertised. The pharmacy could make adjustments for those with disabilities including printing large print labels and a hearing loop was available.

A dispenser explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services.

Baskets were used to store prescriptions and medicines to prevent transfer between patients. As described in principle 3 these were often stacked up to six high. There were designated areas to dispense walk-in prescriptions and owings. The labels of dispensed items were initialled when dispensed and checked.

Coloured labels were used to highlight fridge items and CDs including those in schedule 3 and 4. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the handout process. Blood levels and dosages were checked and additional counselling and support materials were offered to the patient. Records of these conversations were generally made on the patient medication record, as were other significant interventions.

The RP had completed the audit of patients who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight any patients who may become pregnant receiving prescriptions for valproate, and information booklets were given to eligible patients.

Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected. The patient group directions covering the locally commissioned minor ailments scheme were found to be in date and had been signed by the RP. Stock was obtained from reputable sources including Alliance, and AAH. Specials were obtained from both Alliance Specials and AAH Specials.

The dispensary shelves were tidy and organised. The stock was arranged alphabetically and was date checked each week and the entire dispensary would usually be checked every three months and

recorded on a matrix. The manager said that date-checking had fallen a few weeks behind. A spot checks revealed a box of Sinemet Plus 25/100mg tablets which had expired in January 2019.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

Multi-compartment compliance aids were prepared for approximately 50 people living in their own homes, and the residents of two care homes. The process for the dispensing the devices was acceptable, although the space dedicated to do this was limited. Each compliance aid had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets (PILs) were supplied at each dispensing, or with the first compliance aid of four in the case of weekly supply. When required medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in compliance aids. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. Records of deliveries of medicines to people were kept but did not all contain a signature of the person taking receipt.

Patient returned medication was dealt with appropriately, although there was no hazardous waste bin. Patient details were not always removed from returned medicines to protect people's confidentiality.

The pharmacy did not have the hardware, software or amended SOPs to be compliant with the Falsified Medicines Directive. Drug recalls were dealt with promptly and were annotated with details of the person actioning and the outcome. A separate log was maintained of all alerts and recalls.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to a range of well-maintained equipment and facilities used in the provision of pharmacy services.

### Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy had online access to online materials for the most up to date information.

The dispensary sink was clean and in good working order. All equipment including the dispensary fridges was in good working order and PAT test stickers were visible. The blood pressure and blood glucose meters were replaced or calibrated yearly.

Dispensed prescriptions were stored in a retrieval system with the corresponding bagged items stored in numbered boxes in the dispensary, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.